

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Derek Norris, a prisoner at HMP Lewes, on 6 February 2021

A report by the Prisons and Probation Ombudsman

Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*

Respectful: *we are considerate and courteous*

Inclusive: *we value diversity*

Dedicated: *we are determined and focused*

Fair: *we are honest and act with integrity*



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Summary

1. The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.
2. We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
3. Mr Derek Norris, who was 71 years old, died of COVID-19 pneumonitis while a prisoner at HMP Lewes. We offer our condolences to Mr Norris' family and friends.
4. The clinical reviewer concluded that the healthcare Mr Norris received at HMP Lewes was of a good standard and equivalent to that which he could have expected to receive in the community.
5. However, she made one recommendation about Mr Norris' location in relation to his social care needs which did not impact on his care at the end of his life. We repeat her recommendation below.
6. We did not find any non-clinical issues of concern.

Recommendations

- The Governor and Head of Healthcare should ensure that prisoners with serious health and mobility issues are located in a cell appropriate to their needs.

Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Norris' clinical care at HMP Lewes.
8. The PPO investigator has investigated non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Norris' location, the security arrangements for his hospital escorts and liaison with his family.
9. One of the PPO's family liaison officers wrote to Mr Norris' next of kin, his sister, to explain the investigation. She did not respond.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies and their action plan is annexed to this report.

Previous deaths at Lewes

11. Mr Norris was the fifth prisoner to die at Lewes since February 2019. Of the previous deaths two were from natural causes and two were self-inflicted deaths. There have been five further deaths since Mr Norris' death. Two were from natural causes (including another death from COVID-19), two were self-inflicted deaths and one was a drug-related death.

COVID-19 (coronavirus)

12. COVID-19 is an infectious disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs, sneezes, speaks or breathes heavily. On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a worldwide pandemic.
13. COVID-19 can make anyone seriously ill, but some people are at higher risk of severe illness and developing complications from the infection. People at high risk (clinically extremely vulnerable) include those who have had an organ transplant; have severe lung or kidney disease; or are having certain types of cancer or other treatment which significantly increases the risk of infection. Examples of those at moderate risk (clinically vulnerable) are people over 70; people under 70 with an underlying health condition, such as diabetes, or chronic respiratory, heart, liver or kidney disease; those with a weakened immune system; or who are very overweight. (These lists are not exhaustive.)
14. In response to the initial pandemic outbreak, HM Prison and Probation Service (HMPPS) introduced several measures to try and contain the outbreak - to be implemented at local level, depending on the needs of individual prisons. (An outbreak is defined as two or more prisoners, or staff, who are clinically suspected, or have tested positive for COVID-19 within 14 days.) A key strategy is 'compartmentalisation' to cohort and protect prisoners at high and moderate risk; isolate those who are symptomatic; and separate newly arrived prisoners from the main population. Other measures include social distancing and the use of personal protective equipment (PPE).

Key Events

15. On 17 July 2018, Mr Derek Norris was sentenced to 20 years imprisonment for multiple historic sexual offences. He was sent to HMP Lewes.
16. Mr Norris had previously been diagnosed with a number of medical conditions, including osteoporosis of the spine, and he used two walking sticks to help him get around. He was also extremely overweight and had COPD (Chronic Obstructive Pulmonary Disorder, a serious lung condition) and a stomach condition caused by acid irritation. Care plans were created to manage his conditions.
17. In May 2020, Mr Norris was assessed as being at moderate risk of contracting COVID-19 and was advised to isolate in his cell due to his vulnerability. He was tested regularly, and the results were negative.
18. On 28 January 2021, a nurse saw Mr Norris after he complained of experiencing flu-like symptoms for the previous two days. She suspected he may have contracted COVID-19. Mr Norris was tested for COVID-19 later the same day and the result was positive. Mr Norris isolated in his cell and healthcare staff monitored him regularly.
19. On 1 February, Mr Norris received his first dose of the COVID-19 vaccine.
20. On 3 February, a prison paramedic saw Mr Norris. He was extremely short of breath and his oxygen saturation level was extremely low. His NEWS score (National Early Warning Score used by clinicians to assess the seriousness of a patient's condition) was 7, meaning that he required prompt emergency assessment. Mr Norris was taken to hospital by emergency ambulance.
21. Mr Norris' condition deteriorated in hospital. Due to his underlying health conditions, the hospital noted that he had a do not attempt cardiopulmonary resuscitation (DNACPR) order in place which meant that if his heart or breathing stopped he would not be resuscitated.
22. Mr Norris' condition continued to deteriorate, and at 11.00am on 6 February Mr Norris died. His death was immediately confirmed by a hospital doctor.

Cause of death

23. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Norris' cause of death as COVID-19 pneumonitis. He also had hypertension (raised blood pressure), obesity, heart failure and acute kidney injury which did not cause but contributed to his death.

Findings

Clinical Findings

24. The clinical reviewer concluded that the healthcare Mr Norris received at Lewes was of a good standard and equivalent to that which he could have expected to receive in the community.
25. She was satisfied that his multiple conditions were appropriately identified and assessed, and care plans were put in place and reviewed throughout his time in custody. When Mr Norris became seriously unwell on 3 February 2021, he was promptly and appropriately sent to hospital.
26. However, the clinical reviewer identified one concern about Mr Norris' location in relation to his social care needs.
27. She was concerned that although staff assessed and discussed Mr Norris' social and personal needs with him, adjustments to his cell were needed in order for him to have more independence and mobility. However, prior to his final admission to hospital it was noted that Mr Norris' cell was not large enough to accommodate all the equipment that he needed, and this had impacted on his ability to mobilise as he should have done. The clinical reviewer considered that this should have been addressed at an earlier stage. She said, however, that this did not impact on the care Mr Norris received at the end of his life. We recommend:

The Governor and Head of Healthcare should ensure that prisoners with serious health and mobility issues are located in a cell appropriate to their needs.

Management of Mr Norris's risk of infection from COVID-19

28. Given his pre-existing medical conditions, Mr Norris was appropriately advised to self-isolate at Lewes, which he agreed to do.
29. He had not left Lewes in the weeks before he tested positive for COVID-19 and it, therefore, appears likely that he contracted the virus at Lewes.
30. When he became ill, he was immediately taken to Royal Surrey County Hospital by emergency ambulance to receive specialist care. He was escorted by two prison officers and was not restrained.

**Sue McAllister CB
Prisons and Probation Ombudsman**

February 2022

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